



Two Hundred Fifty Dollars and Four Cents (\$250.04).

3. On March 27, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."

4. On March 28, 2013, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, informing Respondent of the charge back and requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter.

5. On April 2, 2013, Respondent replaced the insufficient EFT and paid the service fee owed with money order number 7005222169 in the amount of \$275.04.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

#### **ORDER**

**IT IS THEREFORE ORDERED that Tiffany Charles is CENSURED.**

Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions described herein and any defenses thereto.

If Respondent fails to request a hearing within 30 days of receipt of this Order, this

Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of April, 2013.




JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Buddy Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed certified, with return receipt requested, on this 10<sup>th</sup> day of April, 2013, to:

Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456

  
Buddy Combs

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*KH-Legal*  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

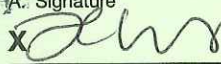
7001 0320 0003 9967 4539

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>		

Postmark Here: APR 16 2013  
 39TH ST. SIA. OKLAHOMA CITY, OK 73112  
 USPS

Sent To: Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456  
 rlg/13-0384-DIS/Cond.Adm.Ord.

PS Form 3800, January 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature   <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)        T. Charles</p> <p>C. Date of Delivery        4-13-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Oklahoma City, Oklahoma</p> <p>APR 16 2013</p> <p>Legal Division</p> <p>Tiffany Charles        P.O. Box 1456        Norman, OK 73070-1456        rlg/13-0384-DIS/Cond.Adm.Ord.</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number        (Transfer from service label)</p>		<p>7001 0320 0003 9967 4539</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	